4 ( BB)	7897 CERTIFIC	ATE OF DEATH	Reg. Dist. No. 17863
Page 4	1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATE Md.	
Tuneral vild be f	b. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  rural Cambridge	C. CITY OR TOWN (If outside corporate lim	
by the d 2 shoot	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  Eastern Shore State Hospital	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?, YES NO X
illed in	3. NAME OF DECEASED (Type or print) Roland James	Bailey 4. DATE OF DEATH	Month Doy Year
d within	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH   9. AGE   lost	(In years IFUNDER 1 YEAR IF UNDER 24 HRS. birthday)  Months Doys Hours Min.
ond camp ban pape r death,	10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDI  10a. USUAL OCCUPATION (Give kind of wark dane dane during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDI  10c. USUAL OCCUPATION (Give kind of wark dane dane during most of work dane dane during most of wark dane during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
9 6 6	13. FATHER'S NAME Stephen Bailer	14. MOTHER'S MAIDEN NAME	aller
B E SI	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (If yes, give wor or dates of service)	INFORMANT Eastern Shore State Hos	Address pital records
he death e attending en please nt within 7	INTERIOR CAOSE IGT	Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
d by th mit. Th any eve	Canditions, if any, which (b)		
require on. n signe isit per and in c	gove rise to immediate cause (a), stating the <u>under</u> DUE TO lying couse lost.		
physic physic has bee rial-tran naval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		PERFORMED?
HAN: Thending ficate the but the but ar rer	OK CONTRIBUTING LAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part 1 or Part II of it	em 18.)
PHYSIC al ar at this cert r use as emation	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. P While Nat while of wark of work	LACE OF INJURY (Home, form, 20f. (City or tow octory, street, office bldg., etc.)	n) (County) (State)
ADING Paspit After After Inial, cr	21. I certify that I attended the deceased from Tyly 13 alive an Syly 19 19 19 19 19 19 19 19 19 19 19 19 19	1951, to 19 19 h occurred at 2,30 M, from the co	, 1957that I last saw the deceased
ATTEN d by the ECTOR: proc	TI TO	ADDRESS (Street, cit	y or tawn, state) DATE SIGNED
retaines RAL DIR should	PHYSICIAN'S Thomas J. Dredge	Cambridge, ma	
HOSP nay be FUNE age 3	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY. 7/2/59 Thomas OF CEMETERY.	or CREMATORY 220 LOCATION (C	ity, town, or county) (State)
VS A1S (4)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HILL TOLLNSON CO SALSBURZI, MA	24a. REC'D BY REGISTRAR  RU/RNC DATEJUL 2 2 '59	24b. REGISTRAR'S SIGNATURE Chilly S. Hama
Ď.	Stormant. Baker		

COLUMN.

SMY SHOUTHINGS

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## FOR STATE HEALTH DEPT.

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TO DEPUTY A LAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral states. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event fithin 72 hours after death.

VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7878 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09019

Rea. Dist. No.

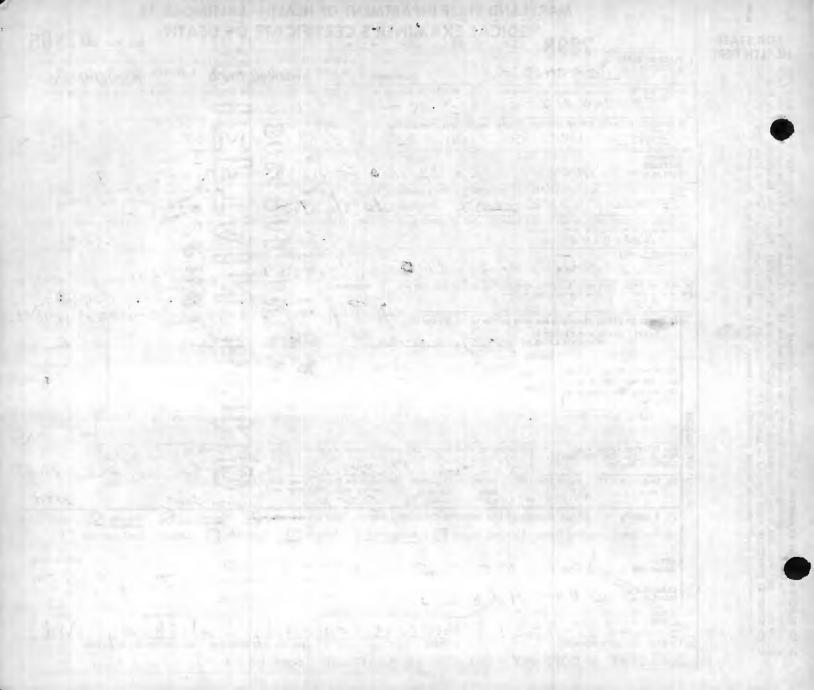
											-	
1. PLACE OF DEATH o. COUNTY	orchester		MAR	YLAND	2. USUAL RESIDI	1		ed lived. If instit b. COUN		orch		
b. CITY OR TOWN and give nearest to		e RURAL	Life	IN 1b	13 Cambr			porote fimits, write	RURAL	nd give r	neorest to	own)
1	TAL OR INSTITUTION (	If not in hosp	oital, give street addre	163)	/ d. STREET ADE							ESIDENCE A FARM?
14 Phil	lips St				14 Phi	.11:	ips S	t.			YES [	NOX
3. NAME OF DECEASED (Type or print)	Margar		Ann	Ba	nks lost		4. DATE OF DEATH	July	th	2 Doy		19 59
5. SEX Female	6. COLOR OR RACE	7. MARRIE	NEVER MARRIE		Oct. 31	,	1914	9. AGE (In years low by Ihelay)  11 yrs.	Months	Doys	Hours	Min.
Domest  13. FATHER'S NAME	ION (Give kind of working life, even if retired)	done 10b. K	Home		Mary 14. Mother's MA	rlar	nd	ountry)	12. C		S.A	COUNTRY
	D - 1						Wils	070				
John W 15. WAS DECEASED E [Yes. no. of unknown] No	Banks VER IN U. S. ARMED FO Ilt yes, give wor ar dates at	service)	7-12-429		FORMANT			Addres		Md.		,
5	(e)	DITIONS CO							VEN IN P			AUTOPSY DRMED? NO
	ONTRIBUTING	DESCRIBE	HOW INJURY OCCU	INKED, JEN	er noture or injur	y in Por	ef a or Poet II	of item 18.)				
20c. TIME OF INJ	le no	or 20d. II White of war	Not while	20e. PLAC foctor	E OF INJURY (Hor y, street, office bi	me, forr dg., etc	m. 20f. (Cit)	y or town)	(0	(ounty)		(State)
	that I took charge h resulted from:		-		], Suicide		Hamicide	, Undet	, Inquermined	,	er 🔲	nd in my
EXAMINER'S NAME (Type)	or. John M	ace J	r.	7	ASSISTANT		AL EXAMINE	- 1- 1-	<b>9</b> 8,	/4/5	59	
Burial	7/5/59	OF	East New		ket Cer	11	East	New Ma	rket	, Do		Md.
Herbert		Cambr	idge, Md	l.		O. REC	AUG 2 8	100	Calling			

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea, Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY DORCHESTER MARYLAND ARYLAND. N. b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) AMBRIDGE AMBRIDGE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION AMBRIDG YES NO F 4. DATE OF DEATH NAME OF Middle Day Year DECEASED (Type or print) BARNES 20 1959 LOUIS July 5. SEX 6. COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Davs Hours DIVORCED [7] WIDOWED [7] popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during sepst of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? ARETAKER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. rs. Eleva E. Barnes. R.F. DNo. 3 Cambre 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: HEMORRITAGE REBRAL DAYS IMMEDIATE CAUSE (o) 6 DUE TO YPERTENSION IJNDET Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the under-INDE RTERIOSCLEROTIC HT. DISEASE lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🖫 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour O. ITI. While Not while al work of work p. m. 20, 1955 that I last saw the deceased 21. I certify that I attended the deceased from. , and that death occurred at 6 4 M, from the causes and on the date stated above. alive on\_ ADDRESS (Street, city or town, slote) ACTUAL should PHYSICIAN'S RIDGE NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) F page the re (Stole) REMOVAL (Specify) EM. SURIAL FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 334 arthur & Kraus VS A15 (4) '59

SOME THE DEVIATE DEVIATED TO THE PARTY OF TH The state of the second of the Report the state of the s Strank Karokk

1		Item 20b Film 2457-20-59 ams DEPARTMENT OF HEALTH—BALTIMORE, 18	
FOR ST	TATE	7898 Item 9 FilmG244 7-17-59 et Reg. Dist. NO 7865	
HEALTH	DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	7
Poge Files.	R	MARYLAND OF STATE MARYLAND B. COUNTY WICOMICO	
of He	M)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  ond give parestroom BRID FE  3 URS +  SALIS BILBY	
ord o	016	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDEN	ICE.
is ered e.Bo	1	EASTERN SHORE STATE HOSPITAL 805 CHURCH ST. YES NO	U17 1
the function of the form	1	3. NAME OF DECEASED MARY First COULBOURNO BEAUCHAMP DEATH JULY 7 195	9
d 3 to may b with t		5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE   In years   IF UNDER 14 PAR   IF UNDER 24 PAR   IF UND	IRS.
1, 2, and Poge 5 in 72 h		10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY I). BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTY IN TOURS IN THE PROPERTY II. BIRTHPLACE (State or foreign country)  13. CITIZEN OF WHAT COUNTY IV. S.A.	TRY?
Poges m PM3. pages		JOSHUAJ. COULBOURNA PRISCIII a ? ChAtham	
Give Give h for File		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PARTIES Address PEROPOSE STATE HORRES THE HORRISTOL RECORDS	
g with		[18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] THE HAGINEY GUTTURIE (SON) SALLS NICHALLY MENTERS OF DEATH [Enter only one couse per line for (a), (b), and (c).]	d.
Item of on		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) AND COMMENT OF THE CAUSE (o) AND ORATH	
Il in filce trans	1	Conditions if any which) as Fracture of tibia and fibula 24 days	
Pen Con Con Con Con Con Con Con Con Con Co	V	gave rise to immediate couse	
niner o b		(c), stating the underlying cause tast.	
Ficate si conding tal Exar weed as	O	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPED PERFORMED?	
Medical de la los		200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Fort II of item 16.)  Apparently sipped and fell inward of hospital	~
This we		3 20c. TIME OF INJURY Manth, Day, Yes 20d. INJURY OCCURRED, 20c. PLACE OF INJURY (Home, form, 10ff. 10	1
NEP ng the he C nor to	09	Hour o. m. G/14 19   While Not while factory, street, office bldg., etc.]	
Page Page		21. I certify that I took charge of the remains described above, held an detail. Inspection . Inquiry . and in r	ny
ate, rded		opinian death resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
Orwold REC		SIGNATURE JOHN MERC & M.D. CHIEF MEDICAL EXAMINER () DATE SIGNED	
he cobe f	")	EXAMINERS 1014 1 1959	
POUT POUT POUT POUT POUT POUT POUT POUT	d	NAME (TYPE) UST MALE DEPUTY MEDICAL EXAMINER A	_
10 pe 4 5 pe 10 pe		BURIAL 7-11-59 PARSONS COMETONY SALISBURY Md.	
VE. A15ME 5M 2/57	20	HOLLOWAY & COMPANY SALISBURY MARYLAND DATEL 1 4 '59 CALL SHIPS SIGNATURE	
	100	Annual S. Manual	



1. PLACE OF DEAT o. COUNTY b. CITY OR TOW RURAL ond gir d. NAME OF HO

NAME OF

DECEASED (Type or print)

during most of Custodi 13. FATHER'S NAMI

15. WAS DECEASED No 18. CAUSE OF PART I

> Conditions, gove rise cause (a), sta lying couse

> > PART II.

CERTIFICATION

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5. SEX Male 10a. USUAL OCCUI

		2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE Marwell and b. COUNTY Dark	
orchester	MARYLAND	Maryland Bor	chester
N (If outside corporate limits, write necess town) New Market	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
SPITAL (If not in hospital, give stree DN	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X
First Edga <b>r</b>	Middle	Blades 4. Date Month of DEATH July	13 Year 19 59
6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  February 20. 1886  9. AGE (in years lef UNDE lost birthdoy) 73 yrs.  H UNDE	R TYEAR IF UNDER 24 HE Days Hours Min.
hman Blades EVER IN U. S. ARMED FORCES? It [If yet, give wor or dotes of service]		14. MOTHER'S MAIDEN NAME  Eliza Hubbard  NFORMANT Address	.S.A. arket, Md.
DEATH (Enter only one cause per DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	Hisombaxes	ONSET AND DEATH
f ony, which by immediate one the under DUE TO	eter - p	clerases, gen	year gear
ost. (c) C	<del>-</del>	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 16 19. WAS AUTOPS

20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO

20c. TIME OF IN

MEDICAL Hour p.

19 Ahot I last saw the deceased . 19 21. I certify/that Lattended the deceased from.\_ and that death accurred at 6:45 PM, from the causes and on the date stated above. olive on DATE SIGNED ADDRESS (Street,

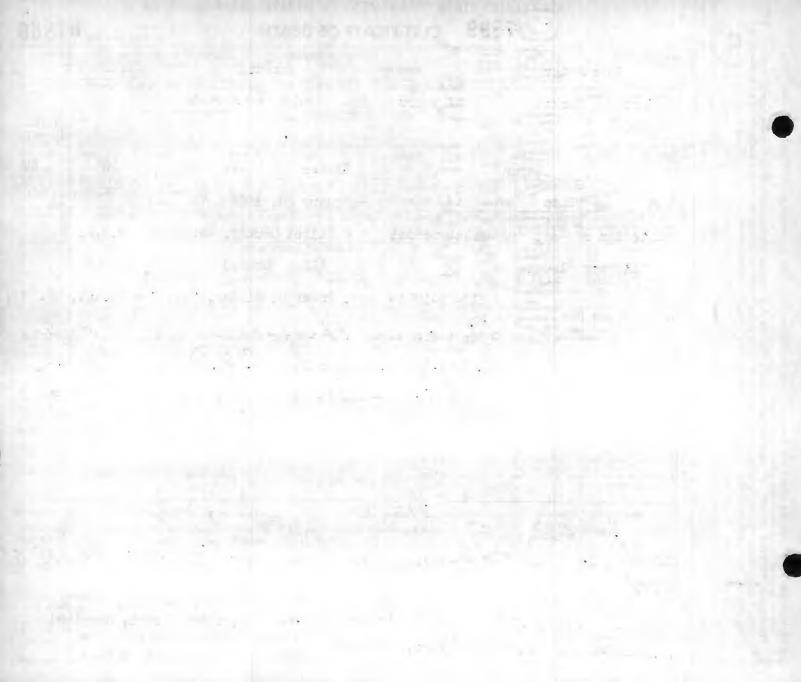
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY
East New Market Cemetery 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial July 18,1959 East New Market, Maryland

23. FUNERAL DIRECTOR'S SIGNATURE Son, Federalsburg, Maryland 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DATE 1111 2 0 '59 arthur & Kraus

VS A15 (4)

15M 9/5B



director

attending

FUNERAL DIRECTOR

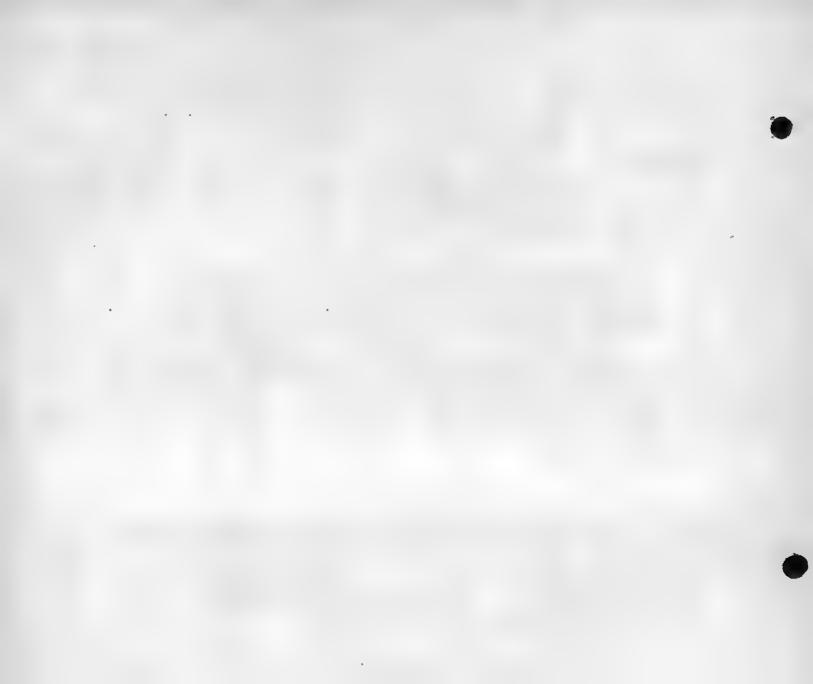
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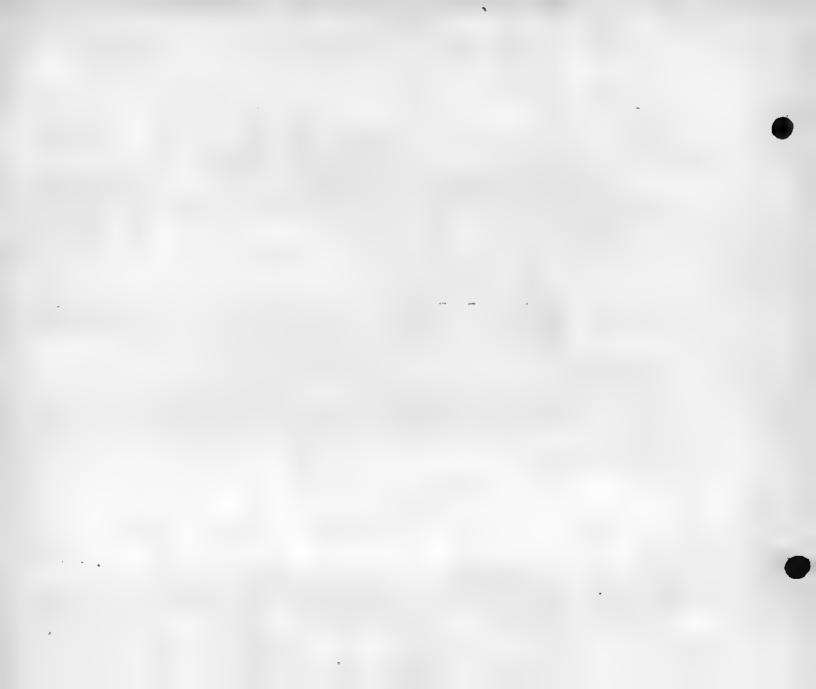
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memotion )		PLACE OF DEATH					2. USUAL RESI	DENCE (Where d		I. If institu			SOS hission)
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ourio	1 '	and give nearest town)		NUTAL							KUKAL and gi	As usolati te	ywnj
061	-	I. NAME OF HOSPITA	AL OR INSTITUTION (IF				d. STREET AI		ill,Doi	c.Co.,		ON	RESIDENCE A FARM?
	3.		ge-Maryland		Midd Midd	Ta.	ll K	4. DA	TE	Month			Year
		DECEASED Type or print)	=					OF	A WAA				19
	1		6. COLOR OR RACE	7. MARRIE	AUCUS!		Brittl	ng hara	9. AGE	Un years	IF UNDER TY		
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_/	13.	PAIRER 3 NAME					14. MOTHER'S A	KAIDEN NAME					
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rs	ATION	PART II. OTH	ER SIGNIFICANT COND	ITIONS CO	NTRIBUT NG TO	DEATH BUT N	OT RELATED TO 1	HE TERMINALDI	ISEASE COND	ITION GIV	EN IN PART I	o) 19 WAS PERFO	AUTOPSY DRMED? NO (2)
	1 E	20a, EXTERNAL CAL PRIMARY Or CON CAUSE OF DEATH.	ISE WAS TRIBUTING []	. DESCRIBE	HOW INJURY O	CCURRED. (E	nter noture of inju	vry in Part I or P	art II of item	18.)			
	MEDICAL	20c. TIME OF INJUST Hour o. m. p. m.	Y Month, Day, Year	While	NJURY OCCURRED Not while rk at work	focto	E OF INJURY (Hory, street, office I		. (City or town	n)	(County	1)	(State)
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		ACTUAL SIGNATURE	reford R	. h	eryon	w	_M.D. CHIEF ME	EDICAL EXAMINE	ER 🔲			DATE	SIGNED
		EXAMINER'S A	LFRED 1	2. 1	MARY	ANOVA		IT MEDICAL EXA				7/9/	159
	220	BURIAL, CREMATIO	N, 226. DATE THEREOF		22c. NAME OF C	EMETERY OR	CREMATORY	22d. I	LOCATION (C	ity, lown, c	or county)	(Slo	te)
	]	Burial	July 11,1	959	Oak Grov	re Chur	chvard		Golde	n Hil	1		
	23.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			240. REC'D BY R	EGISTRAR		STRAR'S SIGN		
	7	fluit	CLK. It.	Duch	(Cambri	dge,Md		DATE HILL 1	3 '59	Cir	ilm S. K	Aun	





ERTIFICATE OF DEATH Reg. Dist. No ( PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived If institution Residence before admission) o. COUNTY b. COUNTY funerol b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RAL and give neprest tayn) 64199 6 r 1 a shou d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 YES NO F .⊆ 4. DATE OF DEATH 3. NAME OF Middle Month filled DECEASED Pages (Type or print) S SEX 7. MARRIED NEVER MARRIED 12. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR ely last birthday) Months Hours WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? 13 FATHER'S NAME 14 MOTHER'S MAJDEN NAME INFORMANT ARMED FORCES? 16. SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Congestive heart failure 12 hours IMMEDIATE CAUSE (o) **DUE TO** septum. Pulmonary stenosis, marked. Absent interauricular life Canditions, if ony, which gove rise to immediate **DUE TO** cause (o), stating the underlying couse last. Congenital heart disease PART \$1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART \$1(0) 19 WAS AUTOPS'S PERFORMED? YES DE NO I none 20a ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Day, Year 20d. INBURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while While of work - at work p. m. 21. I certify that I attended the deceased from 7-10-59 7-12-59 ... 19 ... , that I last saw the deceased and that death accurred at 3:45 M, from the causes and on the date stated above. 7-12-59 alive an DIRECTOR: ADDRESS (Street, city or town, stote) **DATE SIGNED** ACTUAL 15 Locust Street, Cambridge, Md. SIGNATUR PHYSICIAN'S FUNERAL Eldridge H. Wolff NAME (Type) 22d. LOCATION (City, tawn, or county) 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) 24b. RECHSTRAR'S SIGNATURE 23. FUNERAL 24a, REC'D BY REGISTRAR VS A1S (4) arthur S. Kround 15M 9/5B

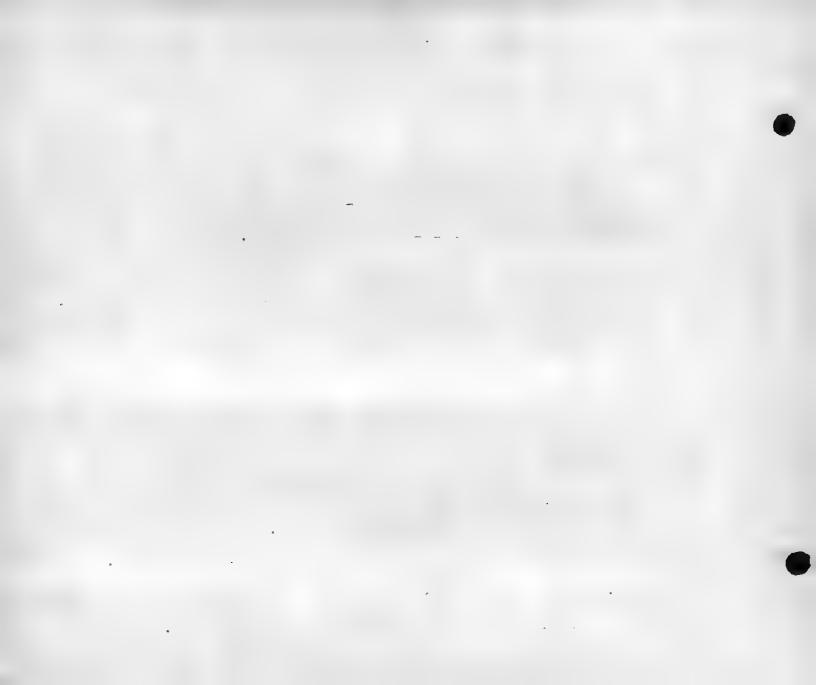


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1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
		7903 CERTIFICATE OF DEATH Reg. Dist.	No. 17872
director (	1	PLACE OF DEATH a. COUNTY Dorchester  Maryland  2. USUAL RESIDENCE [Where deceased lived   If institution   Residence of STATE   Md.   Queen   And   An	before admission)
death uneral		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  Ural Cambridge  25Ys.4Kos.2Ds.	
by the 12 show	Ea	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION astern Shore State Hospital  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO X
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executer and comp an paper death	100	O USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country)  12. CITIZE  during most af working life, even if retired)  Store  Compared to the country of the c	NOF WHAT COUNTRY
cican an corba	13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME  LIZA (1575) 1785	
ng physic remay		. WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  Eastern Shore State Hospital recor	ds
he death tattendia tattendia tattendia		PART I. DEATH WAS CAUSED BY: Chronic Myocardial	INTERVAL BETWEEN ONSET AND DEATH
s that the d by the nit. The iny ever		conditions, if ony, which) be generation	Unk
on.  signer sit per	_	gave rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (c)	,
he law physici has bee rial-tran naval, a	CERTIFICATION	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO	(a) 19 WAS AUTOPSY PERFORMED? YES NO [2]
tending ficate if		20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING ALUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port I) of item 18 )	
PHYSIC of all ar all this cert is use as remation	MEDICA	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a m.  p. m. 19 While at work at work (Cau	unty) (State
NDING  P hasping: After ched fouriol, a		21. I certify that I attended the deceased from Jan 1, 1923, ta July 20, 1959 that I last alive and Uhy 19, 1959, and that death occurred at 520AM, from the causes and an the course are supplied to the cause and an the cause and an the cause are supplied to the cause and an the cause and an the cause are supplied to the cause and an the cause are supplied to the cause and an the cause are supplied to the cause and an the cause are supplied to the cause and an the cause are supplied to the cause and an the cause are supplied to the cause and the cause are supplied to the cause are sup	
ATTE d by th ECTOR be deto ior ta b		ACTUAL SIGNATURE Thomas J Dredge M.D E.S.S.H., Cambridge, Md.	7-20-50
retained RAL DIRI shauld b strar pric		PHYSICIAN'S NAME (Type) Thomas J. Dredge	
D HOSP may be page 3 the regis	220	SEMINAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)  ORIAL 23/59 CENTREVILLE  CENTREVILLE	(State)
VS A1S (4) 15M 9/5B	23. L	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	

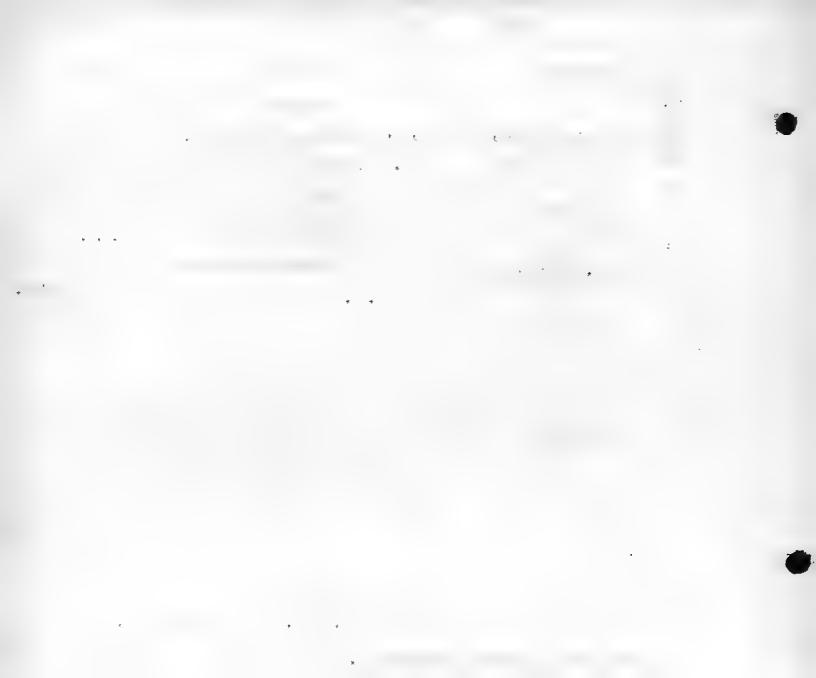


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	MARYLAND	STATE DEPARTM	ENT OF HEALT	H-BALTIMO	RE, 18	
	790	4 CERTIFICA	ATE OF DEAT	Н	Reg. Dist	N07873
	PLACE OF DEATH o. COUNTY Borchester	MARYLAND	2. USUAL RESIDENCE (M. o. STATE Md.		institution. Residence	before admission)
E	b CTY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  rural Cambridge  d NAME OF HOSP TAL (If not in haspital, give street of OR INSTITUTION  astern Shore State Hospit	-	d STREET ADDRESS	outside corporate limits.  ock - I  w Market Re	Rural	e. IS RESIDENCE ON A FARM? YES NO 150
5. 00	NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE White WIDOWE  JSUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) Retired Texaco Oil  FATHER'S NAME	DIVORCED 🗌	B. DATE OF BIRTH 9 20 STRY 11 BIRTHPLACE (STOTE Dorchoste	4. DATE OF DEATH  3-1869  9. AGE (I lost bit of Secondary)  Er Co., Marrian	Month  n years IF UNDER 1 thday) Months C yrs. 12. CITIZ	Day Year 1 1957 YEAR IF UNDER 24 HRS Days Hours Min EN OF WHAT COUNTRY
	is, no or unknown)   (If we give wor or doles of service)	-	Mary Hai MFORMANT Astern Shore	-	Address ital recor	ds
NO	18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)    5	phcero	D	MINAL DISEASE CONDIT	ION GIVEN IN PART	ONSET AND DEATH
CAL CERTIFICASI	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d, IN	CRIBE HOW INJURY OCCURRED	ACE OF INJURY (Home for	m, 20f. (City or town)		PERFORMED? YES NO X
MED	PHYSICIAN'S NAME (Type)  19  While of work  19  Physician's Thomas is Dredgen.	ed from June 2	accurred at 12.45	M, from the cau	ses and an the ar tawn, state)	
20	P. BURIAL CREMATION, 22b DATE THEREOF REMOVAL (Specify) Burial July 14,1959	Washington	emetery	22d LOCATION (City Near Hurl	town, or county)	Land (Stote)
3. J	FUNERAL DIRECTOR'S SIGNATURE  J. Frampton and Son, Fede:	ralsburg, Mary	land DATE	D BY REGISTRAR 24	HE REGISTRAR'S SIGN	TITURE PLANTS







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7905 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY b. COUNTY\_ MARYLAND DORCHESTER MARYLAND b. CITY OR TOWN (if outside corporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) 0 NEWCOMBE AMBRIDGE d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? EASTERN SHORE STATE HOSPITAL YES X NO NAME OF 4. DATE Middle Lost Month Year DECEASED (Type or print) DEATH 1959 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years FUNDER 1 YEAR 15 UNDER 24 HR lost birthdoy) Months Days FEMAL WIDOWED 50 DIVORCED [ YES. papers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) OME pou HOUSE ofter FATHER'S NAME 8 WOODLING é IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) RTERIO-SCLEROTIC OUFR 2 VIRC 4. 2 U, U **DUE TO** Conditions, if any, which DEGENERATION gove rise to immediate DUE TO cotse (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PSUCHOSIS WITH CEREBRAL ARTERIO. SCLEROSIS YES NO BO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (County) (Stote) fectory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that I attended the deceased from APR 12, 1959, that I last saw the deceased , 1957, to JULY 9 , and that death occurred at 4145 \_M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) MOEASTERN SHORE STATE HOSPITAL P RAWFORD NAME (Type) m 220. BUR AL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) met in will 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE JUL 1 6 '59 arthur & House 15M 9/SS

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death. Page 4

moy be retained by the haspital ar attending physician.

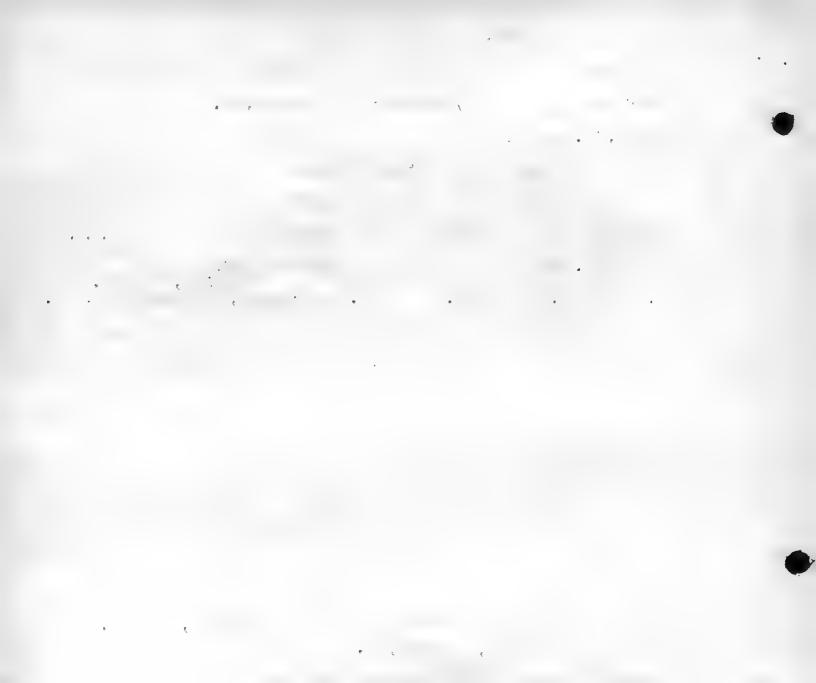
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in ony event within 72 hours after death.

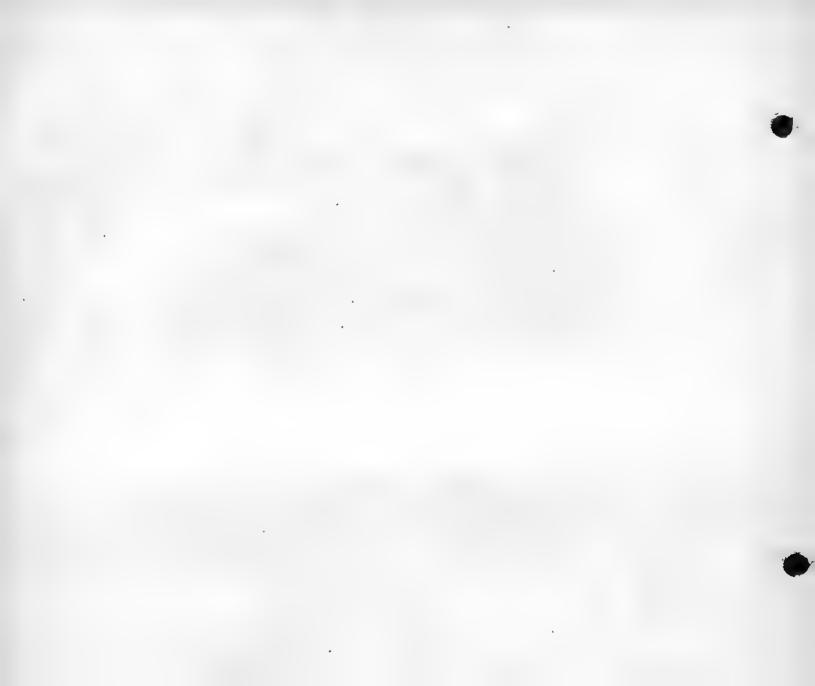
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VS A15 (4) 1IIM 9/58 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7884 **CERTIFICATE OF DEATH** 

17877 Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY Dorches	ter	o STATE -	DENCE (Who		lived. If institut b. COUNTY	ion: Residence	ster	ssion)			
	b. CITY OR TOWN (IF RURAL and give no Cambridge	outside corporate limi prest town)	ls, write	LENGTH OF STA	Days		,	utside corpora	ote limits, write l	RURAL ond give	ve nearest to	wn]
, (	d. NAME OF HOSP TA OR INSTITUTION amoridge,	Md. Hospita.	_	oddress)		d. STREET A	NONE				ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Leah		Widd	ones	Fitzhu		4. DATE OF DEATH	<b>7</b>	nth	20	Yeor 19 59
5.	SEX F	6. COLOR OR RACE White	7. MARR	IED NEVER MARI		12/25/1	881.	5	P. AGE (In years last birthday)	Months D	YEAR IF UNI	
100	during most of working Housewife	ng life, even if retired!	lone 10b.	KIND OF BUSINESS Home	OR INDUS	1	yland	or foreign cou	untry)		S.A.	COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S						
L		E. Todd					herine	e Robi				
	WAS DECEASED EVER	IN U. S. ARMED FOR Fyes, give war or dates of a		SOCIAL SECURITY N		NFORMANT	and IInc		ridge, 4	-		
-				NO.		rs. Howa:	ra Hu	gnes,	ZU/ reag	inoross		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Corpy	- 4	y Hea	1	) i	Jeare		ONSET AN	
	Conditions, if on gove rise to in	mediole (	l	Arte	ric	scler	-071	c 1	lephri	tis	23	day
	couse (a), stating t lying couse lost.	he under (c										
CATION	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDIT ON GI	VEN IN PART	PERF	ORMED?
CERTIFI	20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	if injury in P	Part I or Port	fl of item 18.)			
MEDICAL	20c. TIME OF INSURY Hour a.m. p. m.	Month, Doy, Yes	20d It While of work	Not while of work		ACE OF INJURY (i lory, street, office			or town)	(Co	ounly)	(Stole)
	21. I certify the	at Lattended the	deceas	ed framZ	111	. 19,179	12 N 6/	7/20		that I las		
	alive an	1-/202	, 19_:	7, and the	it death	occurred at_			he causes ai			d abave.
	ACTUAL SIGNATURE	austre	14	anguni	γ	M.D	13	G R	ace s	T'	7/	2/39
	PHYSICIAN'S NAME (Type)	BWrenc	e 1	Haryz.	APV,	MD	C	amb	ridge	140	<u> </u>	
220	BURIAL, CREMATION	7/23/5	9	22c. NAME OF CE				Toddy	ON (City, fown,	or county)		ole)
	FUNERAL DIRECTOR'S			ADDRESS	70 M	a	24a. REC'D	BY REGISTR		ISTRAR'S SIGI		
	Le Compte I	uneral Ser	ATCE	OSTHULTE	Se Pi	ue	DATE 1	JL 2 7 '5	9 0	ribur &	Kraus	





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07879 CERTIFICATE OF DEATH 7906 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY Dorchester Maryland **b** COUNTY Dorchester MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give negrest town) Cambridge 2vr.7mo.16das Reliance d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTIONS tern Shore State Hospital ON A FARM? by 2 \* YES NO A NAME OF Middle DATE Last DECEASED Elizabeth Graham July Mary DEATH (Type or print) 19~ AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH Months Days White 9-12-69 Hours 89 WIDOWED P DIVORCED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Elizabeth Newton Solomon Allen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address RECORDS - Eastern Shore State Hospital no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Chronic Cardiovascular Disease IMMEDIATE CAUSE (a) Uad . **DUE TO** Generalized Arteriosclerosis Conditions, if any, which ] (b) gove rise to immediate **DUE TO** cattle (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🛪 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Not white MEDI factory, street, office bldg., etc.) Hour a.m. While of work at work p. m. November 2 21. I certify that I attended the deceased from \_\_\_,that I last saw the deceased M, from the causes and an the date stated above. alive an and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED E.S.S. Hospital, Cambridge, Md. P PHYSICIAN'S E . DeFilippis, M.D (°) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL Specify! Reliance Cemetery Reliance. July Delaware Burial 24c. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE DATEJUL 1 4 '59

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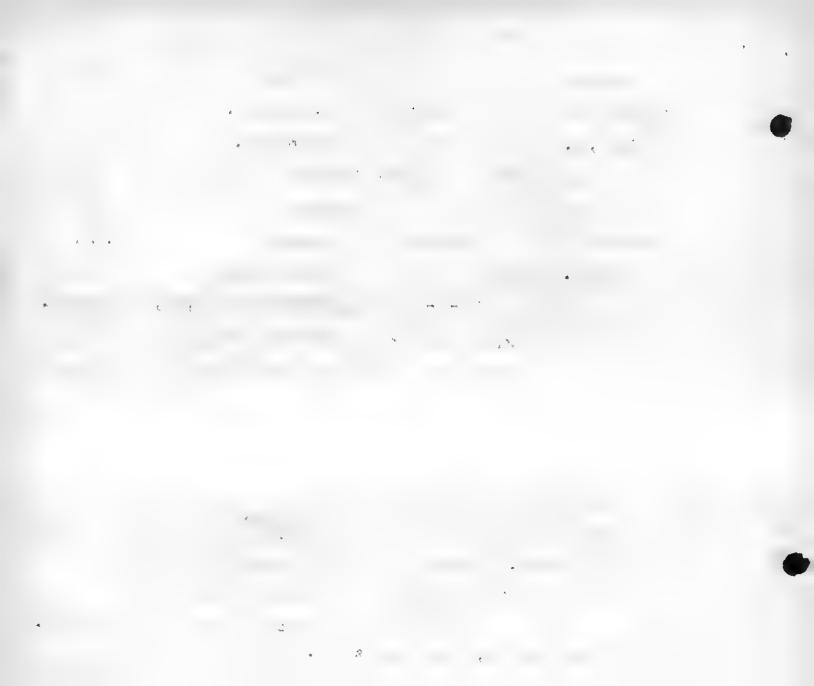


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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7886 **CERTIFICATE OF DEATH**

	7	886	CERTIFIC	CATE OF	DEATH	1		Reg. Dis	st. No.	7880		
1 PLACE OF DEATH 0. COUNTY	chester		MARYLAN	_   o. STATE_	sidence (Who		d lived of institu b. COUNT	v _	ce before od hester			
	f outside corporate limi	ts, write	c LENGTH OF STAY IN 1	b c. CITY OF	R TOWN (If or	utside corpo	rote limits, write	RURAL and s	give nearest	lown)		
Cambridge.	Md		2 Weeks	Ca:	mbridge	e.Md.						
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)	d. STREET	ADDRESS				e. IS	RESIDENCE N A FARM?		
Cambridge	Md. Hospi	tal		22	Cender	st.				S 🔲 NO 🚺		
3. NAME OF DECEASED	Fir	st	Middle	L	Lost 4. DATE OF				Month Day Year			
(Type or print)	Ali	ice	Condo	n Greenw	ell	DEATH	7		23	19 59		
5. SEX	6. COLOR OR RACE	7. MARR	IET NEVER MARRIED				9. AGE (In year lost birthday)		_	NDER 24 HRS		
F	White	WIDOW			1906		52 yr	111/0/11/11/2	Doys Ho	urs Min		
10a. USUAL OCCUPATION during most of worl	ON (Give kind of work of king life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTH	PLACE (State of	or foreign o	ountry}			AT COUNTRY?		
Seamstre	SS		Seamstress		arylan			U	S.A.			
13. FATHER'S NAME					'S MAIDEN N							
	am H. Condo				mine W	oolen						
15. WAS DECEASED EVE (Yes, no, or unknown)	K IN J. S. ARMED FOR (If yes, give wor or dates of s	CES? 16	- 1	INFORMANT	-			dress		263		
NO I	NO		211,-07-7365	Russel	Greenw	ell 2	2 Cendar	Camb	ridge	MC		
		use per lin	ne for (a), (b), and (c).]	_				2	ONSET A	L BETWEEN		
	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	AE	curren	t car	rcin	OM	9 01	-	-			
1917 X	DUE TO		. /	Me .	-1-	4.	•		7.	0.00.00		
Conditions, if o		rec	tum wi	m m	CIOS	1450	25,		1	GCW		
couse (o), stoting												
lying couse lost.	) (c	}										
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NOT RELATED T	TO THE TERMIN	NAL DISEAS	E CONDITION G	IVEN IN PAR	PE	REORMED?		
S ACCIDENT WA	S INDERIVACE TO	OOL DEC	COURT HOLY IN HUBY OCCU	DDCD IS 11 11 11	-1		4 AL a 6 August 10 1		YES	□ NO N		
OR CONTRIBUTING	AS UNDERLY NG  CAUSE OF DEATH MEDICAL EXAMINER	ZVD. DES	CRIBE HOW INJURY OCCU	KKED (Enter noture	or injury in r	on I or ror	r ti or item to )					
		204 1	NJURY OCCURRED 20e.	PLACE OF INJURY	(Home form	206 (62)	or laum)	10	Tan candisch	(Cimin)		
ZOC. TIME OF INJUR	19	While	Not while	factory, street, offi	ice bldg., etc.	)	oriownj	(0	County)	(State)		
p. m,	17	at war	k ot work	-		-						
21. I certify th	at I attended the	deceas	ed from	<b>3</b> , 19 <b>5</b>	112	Lly_Z	2 , 19.7	that I lo	st saw the	e deceased		
alive ar	y 12	, 19_	9, and that de	ath accurred a			the causes a					
ACTUAL >	3 -1/2	-	2. 1.4			ADDRESS (SI	treet, city or low	i, stote)		DATE SIGNED		
SIGNATU	west	//	main	M.D	- K- 0.	CUS	1	V				
PHYSICIAN'S NAME (Type)	ewis 1	1.E	urdette		des	ria	96,	Ma	/ 			
220. BJR AL, CREMAT O REMOVAL (Specify)		F	22c. NAME OF CEMETER	Y OR CREMATORY		-	TION (City town			(Stote)		
Burial	7/25/59	)	East New,	Market C	emeter	y Eas	st New M		Mary.	land.		
23. FUNERAL DIRECTOR	TP		ADDRESS	Madriland		BY REGIST	TRAR 246 REC	GISTRAR'S SIG	GNATURE			
Le Compte	funeral Ser	TICE	, Cambridge,	LISTRA TSTIC	DATE	111 27	259	Onther.	1 House			



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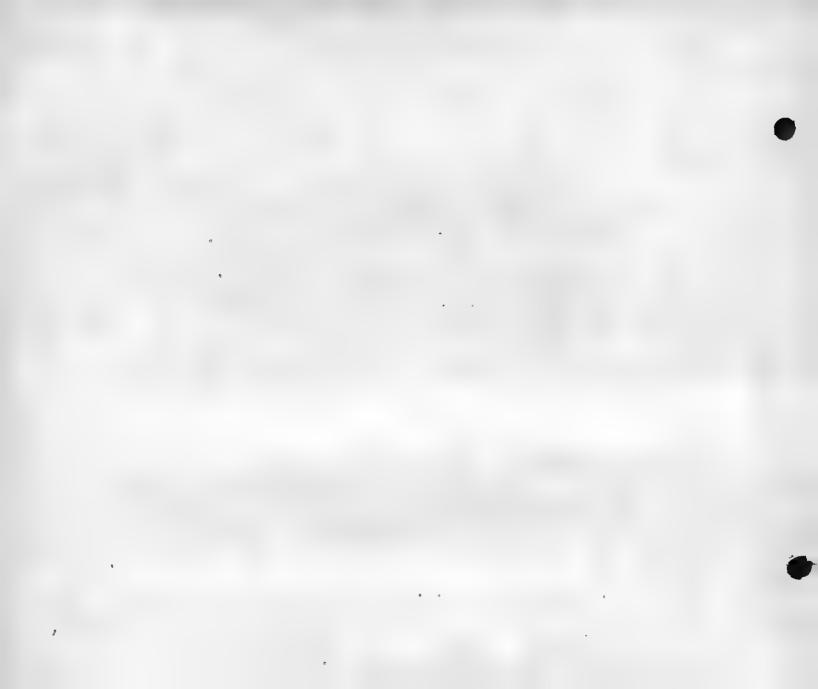
requires that the death certificate be executed within



1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
		7909 CERTIFICATE OF DEATH  Reg. Dist. No. 17883
director, led with	) [	PLACE OF DEATH  o. COUNTY OF CHESTER  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence odmission)  o. STATE  b. COUNTY  b. COUNTY
funeral		b. CYT OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  LUCULUM
d 2 share		d NAME OF HOSPITAL (If not in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES   NOW!
filled in	3	NAME OF DECEASED (Type or print) Etta FrancesLangrall 4. DATE OF DEATH 7 59
ed within		SES   6 COLOT OF PACE   7. MARRIED   NEVER MARRIED   8 DATE OF BIRTH   9. AGE (In yours   IFUNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min   Mi
and com on pop		DOWN BUSINESS OR INDUSTRY IT. BRITISPIACE (State or Foreign Country)  Author most of working life, even if refired  Author Maryland Industry  Author
rsicion o		3. FAMHER'S NAME  14. MOTHER'S MAIDEN WANTE  14. MOTHER'S MAIDEN WANTE  14. MOTHER'S MAIDEN WANTE  14. MOTHER'S MAIDEN WANTE  15. WAS DECEASED FOR IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. ] 12. MISTORMANT  16. MOTHER'S MAIDEN WANTE  17. MOTHER'S MAIDEN WANTE  18. MOTHER'S MAIDEN WANTE  18. MOTHER'S MAIDEN WANTE  19. MOTHER'S WANTE  19. MO
th certification of the second of 72 ho		Yes no, or unknownf [11 yes, give wor or dates at service) Mrs Delah Jones, Tellathe Med
the dearer of the plea		PART I DEATH WAS CAUSED BY: CONGESTIVE HEART FAILUKE STYEEN ONSET AND DEATH STYEENS IMMEDIATE CAUSE (a)
d by the		Conditions, if any, which (b)
r require		couse (o), stating the under- tying cause last.  DUE TO  (c)
The law g physical has be urial-tro	Citati	PERFORMED? YES NO
ottendin orificole os the b		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
itol or this ce crematit	100	Hour a.m. p. m.  19 While Not while at work at
FENDING The hash R. After Tached I buriof,		21. I certify that I attended the deceased from 2 / 7 , 19 / , ta 9 / 3 / , that I last saw the deceased alive on 2 / 3 / , and that death accurred at
DIRECTO	2	ACTUAL SIGNATURE STORES G. FLENDY 105 CHUK CH ST. 6 JULY 59
SPITAL Se reto IERAL 3 shou	1 2	PHYSICIAN'S WALTER E. GUNBYUR CAMIBILIDGE M.D.  PARIAL, CREMATION, 1220, PATE THEREOF, 1220-NAME OF CEMETERY OF CREMATORY 1220 AQCATION (Elly, town, or-golytis) (510'e)
TO HOSPI may be TO FUNER page 3 1 the regis	2	PARIAL CREMATION, 22b. PATE THEREOF  22c-NAME OF CEMETERY/OR CREMATORY  22d 10CATION (Eliy, lown, or goyniy)  1510'e)  22d 10CATION (Eliy, lown, or goyniy)  1510'e)  22d 10CATION (Eliy, lown, or goyniy)  23d 10CATION (Eliy, lown, or goyniy)
VS A15 (4) 15M 9755	4	teeth S. Hilloregity Toast New Master, Kind, JUL 10'59 Cultur S. Kinner



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 7887 Reg. Dist. No. 1778 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **6 COUNTY** MARYLAND Dorchester Marvland Dorchester b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town? Cambridge Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 2 Phillips Street Phillips Street YES NO TO 3 NAME OF DECEASED First Middle Last 4. DATE Yeor OF DEATH (Type or print) Nettie July 50 Mae Mack 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years lost birthday) Months Days Hours Dec. DIVORCED K WIDOWED | Female yrs. Negro 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Packing Dorchester Co.. Laborer Food Md -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Malachi Marv Holland IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Addie Spadey. Cambridge. No 220-10-6152 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (o) LILLY X **DUE TO** (b) Hypertensive Arteriosclerotic Conditions, if ony, which ] gove rise to immediate DUE TO Cardio Vascular Renal Disease couse (a), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES IN NO I 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work p. m. 1959, to July 29 19 59 that I last saw the deceased 21. I certify that I attended the deceased from May 1 alive an July and that death occurred at\_\_\_\_\_M, from the causes and an the date stated abave. ADDRESS (Street, city or lown, state) ACTUAL 227 Pine St-Cambridge.Md. SIGNATURE should PHYSICIAN'S Edwin Fassett.M.D. NAME (Type) FUNER! 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 959 Field Cemetery Dorchester County Burial Md. DORESS 24a REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A1S (4) 15M 9/SS Cambridge. Md.



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1		1		MARYLAND	STATE DEPARTM	ENT OF HEAL	TH-BALTIM	ORE, 1	8			
				79:	12 CERTIFICA	ATE OF DEA	TH		Reg. Dist. No		887	
director filed wir	M )	1.	PLACE OF DEATH o. COUNTY	orchester	MARYLAND	2. USUAL RESIDENCE o. STATE Mar		If institution COUNTY	n: Residence before Wicom:		ion)	
funeral		Γ	b. CITY OR TOWN RURAL ond give	(If outside carporote limits, write pearest town) ambridge	c. LENGTH OF STAY IN 16 2yr.lmo.21das	c. CITY OR TOWN	(If autside corporate lin	nits, write RU	RAL and give ne	arest town	1)	
by share	د, ،		or institution Laste	rn Shore State	Hospital	d. STREET ADDRESS				e. IS RES ON A YES	FARM?	
illed in b es 1 and			NAME OF DECEASED (Type or print)	Sadie	Purnell	Nelson	4. DATE OF DEATH	Month Jul		y	Year 1959	
ofetely fill. rs. Pages		5.	SEX F	White Woov	RRIED NEVER MARRIED D	8. DATE OF BIRTH 4-4-67	9. AG		Manths Days			
and comp bon pape rr death.		100	USUAL OCCUPATE during most of wa HOUS	ION (Give kind of work dane) 10th (Rive kind of work dane) 10th (River) 10th (River	OWN HOME	TRY 11. BIRTHPLACE (SI Maryla		·	12. CITIZEN C	J.S.A		
on or	(1	13.	FATHER'S NAME Josep	h Johnson		14. MOTHER'S MAIDE Martha	Ann ? Hum	phrei				
ng physicia r remove co		15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16 (II yes, give wor or dates of service)		CORDS * Eas				al		
attendi n pleas t within			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Arteriosclerotic Heart Disease								INTERVAL BETWEEN ONSET AND DEATH Sev. yrs.	
by the sit. The ny even			Conditions, if	DUE TO '	General Arteric	sclerosis						
an.  signed sit pern nd in o			gave rise to cosse (a), stating lying cause lost	the under-								
physici nas beer rial-tran	a	CATION	PART III. OI	THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CON	DITION GIVE	N IN PART 1(a)	PERFO	AUTOPSY RMED? NO K	
ficate Parente by the burner	ending ficate h fre buri	CERTIFICATIO	20a ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	AS UNDERLYING 1 20b. DE G 1 CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	). (Enter noture of injury	in Port I or Part II of i	fem 18 )				
his certifus of the certifus o	MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	White	INJURY OCCURRED 20e. PL/ p Nat while fac ork at work	CE OF INJURY (Home, fi tory, street, office bldg.,	orm, 20f. (City or lov etc.)	n)	(Caunty)		(State)		
After 1 ched for urial, cr				hat I attended the deceo	sed from May 18		July 8	., 19 <u>5</u> 9	that I los) so	ow the	deceased	
ECTOR ECTOR be deta or ta b			ACTUAL SIGNATURE	King. E.	Gunner		ADDRESS (Street, ci spital, Camb	iy or rown, si	OT#)	UA	ATE SIGNED	
retai RAL DIREC shauld be	A.		0"	eorge E. Currie	r, M.D.	Cambr	iga e. md	,				
moy be r O FUNER. page 3 s		L	SUR SPECIA	- 1/1/0/1959	Hebron Cem	e Teny	Hebror	City, tawn, or	caunty) ETERZ	(State		
VS A15 (4) 15M 9/55		23. 	FUNERAL DIRECTOR	NSONCO, SAL	156URY, MC		EC'D BY REGISTRAR		RAR'S SIGNATUR			
			No	man + 13ak	)er							





**ADDRESS** 

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e. IS RESIDENCE ON A FARM?

Hours

Day

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Dovs

YES NO

ISABELLE WILLEY MARYLAND INTERVAL BETWEEN ONSEL AND DEATH WAS ALTOPSY PERFORMED? YES NO (County) (State) 19...... that I lost sow the deceased M, from the couses and on the date stated above. ADDRESS (Street DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY (Stote) ,ARYLAND DORCHESTER MEM. PARK CAMBRIDGE 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR CAMBRIDGE MARYLAND Orthon & Thomas DATE

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**ACTUAL** 

SIGNATURE

PHYSICIAN'S

NAME (Type)

220. BURIAL CREMATION.

23. FUNERAL DIRECTOR'S SIGNATURE

22b DATE THEREOF

LECOMPTE FUNERAL SERVICE

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TO FUNERAL DIRECTOR: 3 should be ٥ VS A15 (4) 15M 9/5B

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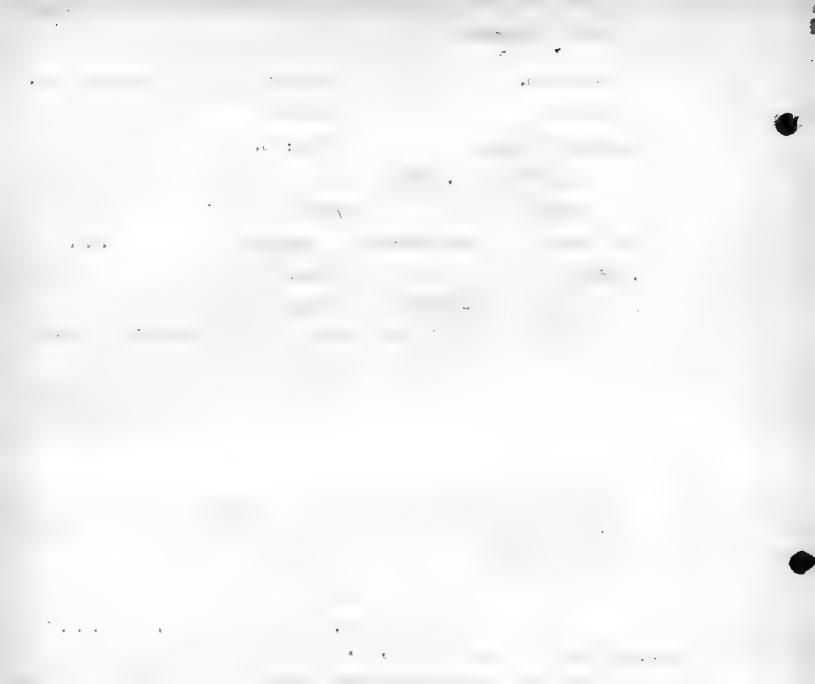
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	MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	. 4
( 盾	7889 CERTIFICATE OF DEATH	1789 list, No.
(A)	1 PLACE OF DEATH a. COUNTY Dor  MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Reside of STATE Maryland b. COUNTY Dor	chester
0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	give nearest tawn)
	d. NAME OF HOSPITAL (If got in hospital, give street oddress) OR INSTITUTION  Last New Market  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM
1 1	3 NAME OF First Middle Last 4. DATE Month	YES NO [
	3 NAME OF DECEASED (Type or print) Weldon Worthington Slacum DEATH July	27 195
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF SIRTH   9. AGE (In yeors In UNDE lost birthdoy)   Months   10st birthdoy)   Months   7-25-59   7   7   7   7   7   7   7   7   7	R I YEAR IF UNDER 24 H
5	10a USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)	TIZEN OF WHAT COUN
	13. FATHER'S NAME	
	Weldon Worthington Young Kay Frances Slacu 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NOT 17. INFORMANT  Address	m
	[Yes, no. or unknown) [I yes, give wor or dotes of service) mother East new ma	rket md
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN
	17/2 2 5 DUE TO	
	Conditions, if any, which ) the Palmature Birth	
	gove rise to immediate case (a), stating the under-lying cause lost.	
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(0) 19 WAS AUTOP: PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m.  p. m.  20e. PLACE OF INJURY (Home, form, 20f. (City ar town) foctory, street, affice bldg., etc.)	(Caunty) (Slo
	21. I certify that I attended the deceased from 7-25 -, 19-17, to 2-27, 19-17, that I	lost sow the deced
	olive on 2-27 to 32 and that death occurred at 2-2 M, from the causes and on ADDRESS (Street, city or town, state)	the date stated ab DATE SIG
	SIGNATURE SELV-JOSEUT. M.D. Camb suite Md	7-29-19
- 4	NAME (Type)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	FUNERAL DIRECTOR'S SIGNATURE 1 ADDRESS Md 240. REC'D BY REGISTRAR 240. REGISTRAR'S S	IGNATURE YN C
ching	Weldon Weng East New Marked DATE JUL 31 '59 arthur.	
	1 0 A JUL 31 59 Cintag d. 1	<i>Gairle</i>

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		MARYLAND STATE DEPARTME	INT OF HEALTH—BALTIM	ORE, 18
		7915 CERTIFICA	TE OF DEATH	Reg. Dist. No. 17893
	1, P	ACE OF DEATH DUCCESTER MARYLAND	2 USUAL RESIDENCE (Where deceased lived. o. STATE May Land	If institution, Residence before admission) COUNTY / UZCNESTEZ.
, [		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOPYN (If outside corporate I in	its, write RURAL and give nearest town)
	-	NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION  6, S.S. Hospital	Rt #2	e. IS RESIDENCE ON A FARM? YES (III) NO
/[	3, 10	AME OF First Middle Property P	TOLL. 4. DATE OF DEATH	July 10 1959.
	5. S	WIDOWED ME DIVORCED	1. 17.10/8. 0	(In years   PUNDER 1 YEAR IF UNDER 24 KR\$ birthday) Months Doys Hours Min
		USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUST during most of working life, even if refired) RELLICOLFOCIONES. OWN TARM	MortAstere	unty U.S. A.
1		Win. B. Twel.	Murgaret Sar	age Tull.
		no ne universal	asternshore sto	te Hospital:
Ellay		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Qeneralized	arte=10-selerosis	with React a Severy 20
~	A.A	Conditions, if any, which) (b)		,
		gove rise to Immediate cosse (a), stating the under:   DUE TO   lying cause last.   (c)		
3	FICATION	CHY. Brown Synol. assoc. If	ith senile Brain	DISEASE, YES NO 1
	L CERTIF	OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Part 1 ar Port II of i	
	MEDICA	Mour B. m.  p. m.  19  20c. TIME OF INJURY Month, Day, Year While Not while of work of	CE OF INJURY (Home, farm, 20f. (City or saw ory, street, office bldg., etc.)	n) (County) (State)
		21. I certify that I attended the deceased from 113	accurred at 10;00PM, from the	., 1954, that I last saw the deceased causes and an the date stated above.
		ACTUAL Simore Vince 5	ADDRESS (Street, ci	y or lown, stole) DATE SIGNED
1		PHYSICIAN'S SIMON VIRKUTIS	Cambridge.	MARYLAND
		BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR SALENCE	metery SALISO	URY, MARYLAND
	23 H	UNFRAL DIRECTOR'S SIGNATURE CO SALISTORY, MO	246. REC'D BY REGISTRAR DATE JUL 1 5 '59	24b. REGISTRAR'S SIGNATURE Onling & Hours
		nome & Baker		



_			7	892	CERT	IFICA	TE OF DE	ATH			Reg. Dis	. No.	7894
	1.	PLACE OF DEATH b. COUNTY	rchester		MAR	IYLAND	2. USUAL RESIDEN	CE (When		lived. If instituti b. COUNTY	on: Residenc	e before odn	nission)
		RUGAL ond give			c. LENGTH OF STATE		c CITY OR TOW			ole limits, write R	URAL ond g	ve nearest to	own)
		d. NAME OF HOSP ORINSTITUTION Cambridge	Maryland Ho	ive street ospit	oddress) al		d. STREET ADDR	RESS				10	RESIDENCE N A FARM? NO (22)
		NAME OF DECEASED (Type or print)		harle	Middles Edward		W'ANT.	X I	4. DATE OF DEATH	July	th	Doy 15	Year 19 59
	5.	Male	6 COLOR OR RACE White	7. MARR		70-1	July 15,	1959		P. AGE (In years last birthday) yrs.	44	YEAR IF UN	NDER 24 HRS.
	L	during most of we	ION (Give kind of wark or triking life, even if retired)	dane 10b.	None	OR INDUST	Md.	U.	S. A.	untry)	12. CITI	U. S.	IAT COUNTRY?
		father's name Joseph	Bernard		anex		14. MOTHER'S MA Phyl		₩E Ann K	eyes			
	15. (Ye	WAS DECEASEDEY	ER IN U. S. ARMED FOR (If yes, give wor or doles of s	CES? 16.	SOCIAL SECURITY N		FORMANT s. Phylli	s Ma	nex	Addi		y, Mai	ryland
			EATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c al Anoxia-		Pre	matú	re Sê	pa <b>ratio</b> n		INTERVAL ONSET AN	BETWEEN ND DEATH S .
,		Conditions, If								Place	nta		
	z	couse (o), stating lying couse last	the under-	)	CONTRIBUTION OF TO D	FATIL BLUE					<u> </u>		
4	FICATION		THER SIGNIFICANT CON		CRIBE HOW INJURY						EN IN PART		FORMED?
	AE CERTIFICA	OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING DEATH GOOD CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Yea		NJURY OCCURRED		CE OF INJURY (Hom						*****
	MEDICAL	Hour o. m.	19	While of wor	k ot work	tocte	ory, street, office bld	sg., etc.)				ounty)	(State)
		alive on	that I attended the	deceas , 12	ed mant	t death	, 1 <u>9.59</u> , N	:55P		the causes o	ind an th	ist saw the date sto	ne deceased ated abave.
1		ACTUAL SIGNATURE	21/30-	26 > -	7 - 6 - 2 - 2	M	.D	CF -	DORESS (Str	eet, city or town,	stole) .	c.( 7	DATE SIGNED
	200		Dr. Wilbur 1				Cambri						
	L	BURIAL, CREMATI BEMOVAL (Specifi DAVIDA FUNERAL DIRECTO	1-16-3	59	ADDRESS	F 9	of Coun	cil	BY REGISTR	ON (City, town, c	11-1	Mar	reland
								- DECTON					





VS A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7893

**CERTIFICATE OF DEATH** 

07896

Reg. Dist. No . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If 'nstitut an: Residence before admission) a. COUNTY b COUNTY MARYLAND Dorchester Marvland Dorchester b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) RFD # 2: Cambridge 10 yra Cambridge d. NAME OF HOSPITAL (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION Cambridge Maryland Hospital YES NO W NAME OF 4. DATE Middle Last Month Day DECEASED (Type or print) Charlie G. Webb DEATH July 19 6. COLOR OR RACE 7. MARRIE NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX B. DATE OF BIRTH 9 AGE (In years 10st birthday) 59 yrs Months Days Hours 5.14.1900 DIVORCED [ M WIDOWED [ 10a. JSLAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) USA Exterminating Co Alabama Branch Manager 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Philip Webb Julia Arrington 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO Address Mr B Webb Cambridge maryland No Unknown 18. CAUSE OF DEATH [Enter antly one cause per line for/a], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 40.0 DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO I 20a, ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d INJURY OCCURRED (County) (State) Haur factory, street, affice bldg., etc.) q. m While Nat while at wark at work p. m that I attended the deceased fram. that I last saw the deceased alive an that death accurred at\_ M, fram the causes and an the date stated above. and ADDRESS (Sifeet. DAYTE SIGNED PHYSICIAN'S NAME (Type) CAMBRIDGE, MARYLAND BUNKER N. 22b. DATE THEREOF 220. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) July 8, 1959 Big Spring Cemetery Ronake Ala. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR LeCompte Funeral Service Cambridhe Maryland C. Than & France



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT Rea, Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a COUNTY Dorchester o STATE Maryland b. COUNTY Relating MARYLAND b. CITY OR TOWN It outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give necrest town) Cambridge Baltimore, Md. D. O. A d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Cambridge Maryland Hospital 2223 W. Fayette St. YES IN NO TO 3. NAME OF Middle 4. DATE DECEASED Herman West (Type or print) DEATH July. 19 6 COLOR OR RACE 7. MARRIED NEVER MARR ED [] B. DATE OF BIRTH 9. AGE III years IF UNDER TYPE IE UNDER 24 BRS Male Negro WIDOWED | Sept. DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? ond 72 Marvland U.S.A. OME pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert West Agnes Lucas 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hazel West, wife, Baltimore. Md. 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART f. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which ? gove rise to immediate couse **DUE TO** (a), sloting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? NO A 70b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20o EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, 120f (City or town) (County) (Stole) factory, street, office bldg., etc.) While Not while at work of work p. m. 21. 1 certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry | opinion death resulted from: Natural couses 1. Accident . Suicide . Homicide . Undetermined monner DATE SIDNED ACTUAL SIGNATURE John Mace Jr. 7/6/59 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION LOTY, 10WD. 0 23. FUNERAL DIRECTOR'S SIGNATUR 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VII. A15MII 5M 2/57



CASSIS CERTIFICATE OF DEATH CO to 1 - 0.01 to 1 Out Report to the contract ASS IT AND THE POST OF After the Printer of Sprinter Line Street Line

